

CHOICES IN COMMUNITY LIVING, INC.

Inservice Attendance Verification

Required to verify all training. Must be completed and stapled to timesheet when turned into supervisor.

This is to verify that _____
(Name)

attended the following inservice: _____
(Title/Topic)

on: _____
(Date)

Summary of external training program completed by attendee: _____

In-house Other location: _____

Length of training: _____
(Hours)

Signature of Presenter or Designee
(Certificate can be attached in place of signature)

Date

Signature of Staff

Date